

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1957

57 021581
State File No.

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 139	
1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage c. LENGTH OF STAY (in this place) 20 mos. d. FULL NAME OF HOSPITAL OR INSTITUTION 606 Orchard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper c. CITY OR TOWN Carthage d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 606 Orchard			
3. NAME OF DECEASED (Type or Print) ELIZA		a. (First)		b. (Middle) PEMBERTON		c. (Last) PEMBERTON	
5. SEX female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec. 25, 1902	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Servant		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charley Pemberton		13b. MOTHER'S MAIDEN NAME Lizzie Emerson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar Irving, 606 Orchard, Carthage			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Metastasis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
19a. DATE OF OPERATION Nov 9, 56		19b. MAJOR FINDINGS OF OPERATION Biopsy of Cervix - Cancer				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Carthage		21d. (COUNTY) Jasper	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 18, 1956, to June 30, 1957, that I last saw the deceased alive on June 28, 1957, and that death occurred at 5:35 a.m., from the causes and on the date stated above.							
23a. SIGNATURE George H. Wood (Degree or title) M.D.				23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 7-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-57		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24d. LOCATION (City, town, or county) Carthage, Missouri (State)	
DATE REC'D BY LOCAL REG. 7-2-57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE KNELL MORTUARY, Carthage, Mo. ADDRESS			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Frank W. Knell*

Licensed Embalmer No. 4446

P. O. Address *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.